

Cognitive and Functional Ability Scale For Persons With HIV Disease/AIDS

<input type="checkbox"/> CMP CLIENT <input type="checkbox"/> MCWP CLIENT						
AREAS ASSESSED	DATE:					
	INITIALS:					
1. NUTRITION INDEPENDENT 11 MINIMAL ASSISTANCE 7 MODERATE ASSISTANCE 5 CONSIDERABLE ASSIST 3 TOTALLY DEPENDENT 1						
2. HYGIENE INDEPENDENT 11 MINIMAL ASSISTANCE 7 MODERATE ASSISTANCE 5 CONSIDERABLE ASSIST 3 TOTALLY DEPENDENT 1						
3. EXCRETION INDEPENDENT 11 MINIMAL ASSISTANCE 7 MODERATE ASSISTANCE 5 CONSIDERABLE ASSIST 3 TOTALLY DEPENDENT 1						
4. ACTIVITY INDEPENDENT 11 MINIMAL ASSISTANCE 7 MODERATE ASSISTANCE 5 CONSIDERABLE ASSIST 3 TOTALLY DEPENDENT 1						
5. TREATMENT/MEDICATION INDEPENDENT 11 MINIMAL ASSISTANCE 7 MODERATE ASSISTANCE 5 CONSIDERABLE ASSIST 3 TOTALLY DEPENDENT 1						
6. TEACHING INDEPENDENT 11 MINIMAL ASSISTANCE 7 MODERATE ASSISTANCE 5 CONSIDERABLE ASSIST 3 TOTALLY DEPENDENT 1						
7. SUPPORT SYSTEMS INDEPENDENT 11 MINIMAL ASSISTANCE 7 MODERATE ASSISTANCE 5 CONSIDERABLE ASSIST 3 TOTALLY DEPENDENT 1						
8. MENTAL STATUS INDEPENDENT 11 MINIMAL ASSISTANCE 7 MODERATE ASSISTANCE 5 CONSIDERABLE ASSIST 3 TOTALLY DEPENDENT 1						
9. BEHAVIOR INDEPENDENT 11 MINIMAL ASSISTANCE 7 MODERATE ASSISTANCE 5 CONSIDERABLE ASSIST 3 TOTALLY DEPENDENT 1						
TOTAL RATING						
NFLOC OR HIGHER? (MCWP ONLY)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

NURSE CASE MANAGER SIGNATURE/CREDENTIALS	INITIALS:	DATE:
SOCIAL WORK CASE MANAGER SIGNATURE/CREDENTIALS	INITIALS:	DATE:

CLIENT NAME:	CHART NUMBER:
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